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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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VOL. XX, No. 49 DECEMBER 27, 1941 GUY P. JONES
Editor

RHEUMATIC FEVER IS REPORTABLE

The California State Board of Public Health at its regular December meeting made rheumatic fever a reportable disease. Statistical data pertaining to the incidence of this disease are decidedly meager and it is hoped that by making the disease reportable in California a clearer picture of rheumatic fever as it exists in this State, may be obtained.

There are certain definite facts relative to this disease, however, that are well known. Among them, it may be mentioned that rheumatic fever is a disease of the temperate zone and that it is rarely found in the tropics or in the arctic regions. Most cases occur among underprivileged groups and the disease has a tendency to occur in families. In fact, at times it would appear that the disease may be disseminated from member to member of the same family group. The disease is relatively unknown in Summer and during the cold weather months. It is more prevalent in the early Spring and late Fall, becoming more prevalent during epidemics of upper respiratory infection. In fact, it would seem that more cases occur at those seasons when scarlet fever is prevalent than at any other times of the year. Some cases develop immediately after scarlet fever and there are many indications that there is some definite relationship between the two diseases.

It is primarily a disease of early childhood. Most cases occur between the ages of five and eight. It is found among people of all races and the numbers of cases are about evenly distributed between the sexes.

Rheumatic fever is a chronic infection that persists over a long period of time. Some authors have compared rheumatic fever with tuberculosis and syphilis in so far as the chronic condition is concerned. The disease may continue in a chronic state over a long period with flare-ups in the Spring and Fall which may, mistakenly, be called new attacks. A low-grade infection may persist for months and for years without pronounced symptoms until finally the heart becomes damaged and the evidence of rheumatism becomes apparent. The heart is more likely to be attacked when the disease appears in children of younger age groups. The more severe the attack of rheumatic fever, the more likely the heart will become involved.

Many children, while growing rapidly, suffer what has become generally known as "growing pains." Such pains occur in early childhood and very often continue through adolescence. In rheumatic fever, joint pains occur most commonly in children between six and seven years of age, particularly following attacks of respiratory infections. Such joint pains occur commonly, when the child rises in the morning and follow throughout the day, often producing a limp. Warmth brings relief. In growing pains, the discomfort generally occurs during the night, is gone in the morning and does not occur during the day. Growing pains commonly affect the muscles of legs and thighs while the rheumatic aches usually occur in the joints of the upper and lower extremities. Children suffering from rheumatic fever frequently have nose bleeds, suffer from a characteristic skin rash and other common symptoms. The skin rash may appear and disappear several times during the same day. While it is distributed over the entire body, it is most commonly found over the chest and abdomen. Rheumatic heart disease should not be considered as a complication of rheumatic fever but it is a component part of the disease itself.

No diagnostic laboratory test for rheumatic fever has yet been devised. The disease is a chronic low-grade infection, the causative organism for which is not definitely known but is presumed to be one of the streptococci. Health officers throughout the State are requested to secure reports of all cases of rheumatic fever that may occur within their respective jurisdictions. Provision will be made later for conducting epidemiologic studies of all cases so as to provide data upon which it is hoped definite control measures may be based.

TYPHUS FEVER MAY BE ADVANCING

In World War I typhus fever was a dominant factor in determining the final results of the conflict. In Serbia and Poland, the disease was particularly devastating and the tides of many battles in that war were determined by the decimations made by typhus fever. It has been suggested that typhus fever in Russia at the present time may have become a more serious handicap to German troops than the subzero Russian weather.

Typhus is one of the most devastating and rapidly fatal of communicable diseases. In epidemics, it is spread by lice and its control is effected wholly through the enforcement of sanitary measures. The mortality has run as high as 70 per cent and it is probable that at least 140,000 people died of this disease in Serbia during World War I. In active warfare, great difficulty may be experienced in the maintenance of thorough sanitary conditions among troops in the field. Even though control methods may be easy, it is not always possible to apply them during the acute stages of actual warfare.

So far as is known at the present time, other diseases commonly causing great losses of life in time of war have not appeared in epidemic form during the past two years of this war.

The public believes, and I am afraid we have led them to believe that we have considerable power in the control of influenza and poliomyelitis, when as a matter of fact the procedures that we now employ in these two diseases are of no demonstrated value. In German measles and chickenpox far too much ineffective energy is being wasted for fear the public will interpret our lack of action as wilful neglect rather than lack of scientific knowledge. In the case of whooping cough more facts are needed before we can serve a very helpful purpose.—JOHN L. RICE, M.D., *Commissioner of Health, New York City.*

JAPANESE IN CALIFORNIA

The United States Bureau of the Census has announced that California, in 1940, had 93,717 Japanese within its borders. This represents 73.8 per cent of the total Japanese in the United States. Of these, 33,569 were alien Japanese who constituted 71.0 per cent of the total alien Japanese in the United States.

Counties with the largest numbers of Japanese residents are:

County	*Total Japanese*	*Alien Japanese*
Los Angeles	36,866	13,391
Sacramento	6,764	2,275
San Francisco	5,280	2,276
Alameda	5,167	1,785
Fresno	4,527	1,508
San Joaquin	4,484	1,725
Santa Clara	4,049	1,220

Other counties of California whose Japanese population totaled 2,000 or more are Monterey, San Diego and Santa Barbara. Tulare County had 1,812 Japanese residents, Orange County 1,855, Placer 1,637, Imperial 1,583, San Mateo 1,218.

Los Angeles County with over one-third of the State's total Japanese population, had the largest Nipponese population of any county in California in 1940. The Census Bureau states that the Japanese population of all Pacific Coast States is concentrated in counties containing or located near important industrial and shipping centers.

The following table gives the Japanese population by nativity in certain California cities in 1940.

	Total Japanese 1940	Japanese born in the United States or its territories or possessions 1940 (Citizens)	Foreign-born Japanese 1940 (Aliens)
Los Angeles	23,321	14,595	8,726
San Francisco	5,280	3,004	2,276
Sacramento	2,879	1,905	974
Oakland	1,790	1,135	655
Berkeley	1,319	859	460
Stockton	1,259	772	487
Torrance	1,189	781	408
San Diego	828	501	327
Fresno	797	517	280
Pasadena	795	480	315
Alameda	700	454	246
Long Beach	696	452	244
Belvedere Twp. (Los Angeles)	605	391	214
Gardena	509	350	159

These data are printed here for the use of health officers, local registrars of vital statistics and other officials who might have need for the determination of facts relative to the Japanese population in their respective communities. By making use of these data, relative values for use in making public health programs to fit the war emergency may be determined more readily.

ERADICATION OF TUBERCULOSIS

Tuberculosis control for over 30 years has had our whole-hearted attention, but the time has now arrived when our plans must be directed not only for the "control" of tuberculosis but for its eradication. In many parts of the country diphtheria has practically disappeared. It is possible to get the same results with tuberculosis.

Real progress has been made in the fields of syphilis and pneumonia control, but we must continue to increase our efforts. Wherever intensive syphilis and pneumonia control activities are carried on, the results prove significant and effective. Today about 7 per cent of our population are 65 years of age or over. It is estimated that by 1980 more than 14 per cent of our population will be in this older age group. Hence there is a steady increase in diseases peculiar to later life—such as cancer, heart and arterial diseases. Most of these diseases still baffle medical science, both as to prevention and as to cure.—JOHN L. RICE, M.D., *Commissioner of Health, New York City.*

ENCEPHALITIS (EPIDEMIC)

Two cases, one fatal, occurred in Los Angeles last month. Several horses in the vicinity were also diagnosed as having encephalitis. Mosquitoes were reported as prevalent. A conference was attended at which health officials from both the city and county were present. Plans of investigation and control methods were discussed.

DR. J. M. KIRBY, KERN COUNTY HEALTH OFFICER

Dr. J. M. Kirby has been appointed Health Officer of Kern County to succeed Dr. Joe Smith who held the position for many years.

Dr. Kirby will also be Medical Director of the Kern County Hospital.

I believe that it is up to the health department to assume leadership and responsibility for a broader field of public health. Our job should be something more than preventing disease and reducing death rates. Good health, not mere survival, is of the greatest importance to mankind. Happy and wholesome living should be our goal. The success of our activities for the attainment of a maximum of health for the people will depend upon wise planning, efficient operation, and constant employment of practical measures.—JOHN L. RICE, M.D., *Commissioner of Health, New York City.*

REVISED LIST OF REPORTABLE DISEASES

Reportable Only:

Anthrax
Botulism—if commercial product notify State Department of Health at once.
Coccidioidal Granuloma
Dengue—keep patient in mosquito free room.
Epilepsy
Food Poisoning
Glanders—report by phone or telegraph.
Jaundice—infectious or epidemic types.
Malaria—keep patient in mosquito free room.
Pneumonia—specify type of pneumococcus, if known.
Relapsing fever
Rocky Mountain Spotted Fever
Tetanus
Trichinosis
Tularemia
Undulant fever

Reportable and Subject to Isolation:

Epidemic diarrhea of the newborn (in institutions)
Chickenpox
Dysentery—Amoebic
Dysentery—Bacillary—specify type, if known.
German Measles
Influenza
Measles
Mumps
Ophthalmia Neonatorum
Psittacosis
Rabies—in animals. Use special card.
Rabies—in humans.
Septic Sore Throat (in epidemic form).
Trachoma
Tuberculosis—use special card.
Whooping Cough
Syphilis—use special card.
Gonorrhea—use special card.
Chancroid—use special card.
Lymphopathia Venereum—use special card.
Granuloma inguinale—use special card.

Reportable and Subject to Quarantine and Placarding:

Cholera—report by telephone or telegraph to State Department of Health.
Diphtheria
Encephalitis (Infectious)—specify type, if known.

NOTE: This means all forms of acute encephalitis such as St. Louis type, equine type, and any other epidemic form occurring in California.

Leprosy
Meningitis (due to the meningococcus).
Paratyphoid Fever—specify type A or B.
Plague—report by telephone or telegraph to State Department of Health.

REVISED LIST OF REPORTABLE DISEASES—Continued

Acute Anterior Poliomyelitis
Scarlet Fever
Smallpox
Typhoid Fever
Typhus Fever
Yellow Fever—report by telephone or telegraph to State Department of Health.

MORBIDITY

Complete Reports for Following Diseases for Week Ending December 20, 1941

Chickenpox

833 cases from the following counties: Alameda 135, Butte 20, Colusa 3, Contra Costa 18, Fresno 43, Humboldt 1, Kern 25, Lake 13, Los Angeles 319, Merced 1, Monterey 3, Orange 8, Plumas 9, Sacramento 55, San Bernardino 3, San Diego 4, San Francisco 22, San Joaquin 3, San Luis Obispo 8, Santa Barbara 24, Santa Clara 21, Santa Cruz 1, Shasta 6, Siskiyou 70, Solano 1, Tulare 3, Ventura 11, Yolo 3.

German Measles

117 cases from the following counties: Alameda 6, Butte 2, Fresno 2, Kern 5, Los Angeles 15, Merced 1, Modoc 13, Mono 1, Monterey 8, Orange 4, Plumas 1, Sacramento 2, San Francisco 9, San Luis Obispo 10, Santa Barbara 19, Santa Clara 3, Yolo 15, Yuba 1.

Measles

499 cases from the following counties: Alameda 35, Butte 8, Calaveras 1, Del Norte 5, Fresno 11, Humboldt 1, Kern 5, Kings 3, Lake 1, Los Angeles 68, Modoc 13, Monterey 36, Napa 3, Orange 1, Sacramento 28, San Bernardino 1, San Francisco 5, San Joaquin 151, Santa Barbara 2, Santa Clara 4, Santa Cruz 4, Shasta 2, Sutter 51, Tulare 19, Ventura 23, Yolo 16, Yuba 2.

Mumps

820 cases from the following counties: Alameda 47, Butte 1, Colusa 24, Contra Costa 9, Del Norte 2, Fresno 24, Kern 24, Kings 9, Los Angeles 221, Madera 5, Modoc 1, Monterey 39, Orange 47, Sacramento 82, San Bernardino 30, San Diego 6, San Francisco 32, San Joaquin 45, San Luis Obispo 22, Santa Barbara 8, Santa Clara 47, Santa Cruz 11, Shasta 4, Solano 1, Sutter 18, Trinity 3, Tulare 7, Ventura 26, Yolo 25.

Scarlet Fever

107 cases from the following counties: Alameda 3, Contra Costa 2, Fresno 5, Kern 2, Los Angeles 60, Merced 1, Modoc 3, Orange 2, Plumas 3, Sacramento 7, San Bernardino 2, San Francisco 3, San Joaquin 2, San Luis Obispo 4, Santa Barbara 1, Santa Clara 1, Tulare 4, Ventura 1, Yolo 1.

Whooping Cough

137 cases from the following counties: Alameda 6, Contra Costa 1, Fresno 16, Kern 2, Kings 5, Los Angeles 43, Madera 7, Monterey 1, Orange 1, Plumas 2, Sacramento 8, San Diego 1, San Francisco 4, San Joaquin 10, San Luis Obispo 12, Santa Barbara 7, Santa Clara 5, Santa Cruz 5, Ventura 1.

Diphtheria

15 cases from the following counties: Colusa 3, Kings 1, Los Angeles 7, Madera 2, Sacramento 2.

Dysentery (Bacillary)

3 cases from the following counties: Los Angeles 2, Monterey 1.

Encephalitis (Epidemic)

3 cases from the following counties: San Joaquin 1, Santa Clara 1, Santa Cruz 1.

Food Poisoning

12 cases from the following counties: Kern 3, Los Angeles 3, San Luis Obispo 6.

Influenza

State total 102.

Jaundice (Epidemic)

17 cases from the following counties: Butte 2, Los Angeles 11, Modoc 4.

Leprosy

One case from Los Angeles County.

Malaria

2 cases from Los Angeles County.

Meningitis (Epidemic)

One case from San Luis Obispo County.

Paratyphoid Fever

4 cases from the following counties: Los Angeles 1, Santa Clara 2, California 1.*

Poliomyelitis

3 cases from the following counties: Fresno 1, Los Angeles 1, Shasta 1.

Rabies (Animal)

4 cases from Los Angeles County.

Tetanus

One case from Alameda County.

Typhoid Fever

4 cases from the following counties: Los Angeles 1, Madera 1, Ventura 1, Yolo 1.

Typhus Fever

3 cases from the following counties: Los Angeles 2, Ventura 1.

Undulant Fever

7 cases from the following counties: Fresno 1, Los Angeles 5, Siskiyou 1.

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* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

The prerequisite for good nutrition is a society in which every individual can have sufficient food. But science has also well demonstrated that access to ample foods is not enough. The kinds of food that people consume is also equally important. If the food supply is inadequate in amount an added reason is presented for the utilization of the proper kinds. This is especially true in view of the fact that we may have to curtail the consumption of certain foods in order to supply our friends abroad.

It is now well recognized that, in spite of our total food supply, the number of persons who are inadequately nourished is very much larger than it needs to be. Here is a great opportunity for health departments to expand their programs. But in tackling nutrition, we should remember that however important, it is not a hobby on which to take a ride, nor a solution of all of life's problems. Let us be guided by common sense and demonstrated facts, and a sense of proportion.—JOHN L. RICE, M.D., *Commissioner of Health, New York City.*

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